



GEORGIA RENEW CLINIC POLICY

Thank you for choosing **Georgia Renew Clinic** for your medical needs. Please provide us with the following information to make your visit as smooth as possible.

- Completed patient information form
- Referral from referring Provider
- Driver's License

BEFORE TREATMENT IS RENDERED

- **You MUST have a driver or arranged transportation following procedure**
- Payment in full is required BEFORE service is rendered

I hereby understand and acknowledge Georgia Renew Clinic's policy for treatment.

Patient Signature: _____ Date: _____
(if child, parent or legal guardian)